



Linda McCulloch, Superintendent
Office of Public Instruction
Department of Education Services
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Helena, Montana 59620-2501
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Annual Budget and Program Modification Request for Federal and State Grant Programs

DIRECTIONS—Only a Prime Applicant should complete this form. Use a separate form for each program.

- Budget** modifications are required when there is:
 - additional purchase of equipment costing \$5,000 or more per unit, or
 - a revision in the budget which results in a change in overall funding.
- Program** modifications are required when there is:
 - a change in the Program Components, or
 - a request to extend the project period to September 30 for projects scheduled to end June 30.
- Extensions must be requested if expenditures will be incurred during the period July 1-September 30. Extensions beyond September 30 cannot be approved.
- Requests for budget or program modifications must be submitted by June 1 for projects that end June 30, September 1 for projects that end September 30. Send to the Office of Public Instruction, Department of Education Services. Retain a copy for district

Prime Applicant/Fiscal Agent:

County:

<input type="checkbox"/> Elem	Legal Entity: _____
<input type="checkbox"/> H.S.	Legal Entity: _____
<input type="checkbox"/> K-12	Legal Entity: _____
<input type="checkbox"/> Other	Legal Entity: _____

Fill in the program name and project number (from the approved budget page) for which this MODIFICATION is being requested.

Federal Program Name

Project Number

PN: _____

Expenditures for these modifications or extension must be made using the above project number. Check below to indicate a Budget or Program Modification or Extension.

- ☐ **Budget Modification**
•If a **budget** modification is requested, attach a copy of the revised budget. Give explanation for revision.

- ☐ **Program Modification**
•If a **program** modification is requested, describe the program change.

- ☐ **Program Extension**
•If eligible or necessary, give extension ending date: _____ (no later than September 30). Give reasons for extension for projects scheduled to end June 30.

**Authorized
Representative
Signature**

Authorized Representative: (Print or Type Name)

Signature of Authorized Representative: _____ Date: _____

**FOR OPI
USE ONLY**

☐ Approved ☐ Approved with conditions (see attached) ☐ Denied

Signature: _____ Date: _____

OPI Program Representative

Signature: _____ Date: _____

OPI Program Accountant